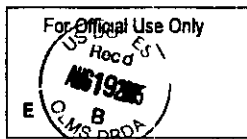


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

|  |  |
|--|--|
| 1 File Number U <u>10174</u><br><u>10174</u>   | 2 Fiscal Year Covered From<br>1 / 1 / 2004 Through 12 / 31 / 2004  |
| 3 Name and address of person filing<br>Name <u>Michael R Shoemaker</u><br>P O Box Bldg Room No if any<br>Street <u>6220 Kansas Ave N E</u><br>City <u>Washington</u><br>State <u>District of Columbia</u> ZIP Code + 4 <u>20011-1567</u> | 4 Name file number and address of labor organization<br>Name <u>IBEW Local 46</u><br>Labor Organization File Number <u>012 627</u><br>P O Box Building and Room Number if any<br>Street <u>6220 Kansas Ave N E</u><br>City <u>Washington</u><br>State <u>District of Columbia</u> ZIP Code + 4 <u>20011-1567</u> |
| 5 Position in labor organization <u>Financial Secretary</u>  |  |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

|  |   |
|--|---|
| A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |   |
| 6 Name and address of Employer (including trade name if any)<br>Name<br>Trade Name if any<br>P O Box Bldg Room No if any<br>Street<br>City<br>State ZIP Code + 4   | 7 a Nature of Interest, Transaction or Income<br>7 b Amount |

### Signature

|   |                           |   |
|---|---------------------------|---|
| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions) |                           |   |
| Signed <u>Michael R. Shoemaker</u>  | On <u>8/15/05</u><br>Date | <u>202-829-2900</u><br>Telephone Number |

|   |                |
|---|----------------|
| Name of Person Filing Michael Shoemaker | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

|  |  |
|--|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Local 26 IBEW-NECA Joint Trust Fund</p> <p>Trade Name, if any: Individual Account Plan</p> <p>P.O. Box, Bldg., Room No., if any #300</p> <p>Street 4601 Presidents Drive</p> <p>City Lanham</p> <p>State Maryland ZIP Code + 4 20706-4365</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>   |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>   | <p>11.a. Nature of such dealing.</p> <p>Local 26, which is a sponsor of the Fund, negotiates contributions to the Trust.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$24,600,000</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>International Foundation of Employee Benefit Plans Educational Conference and Hotel deposit.</p> <hr/> <p>12.b. Amount. \$1,265</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

|   |                                 |
|---|---------------------------------|
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p>  | <p>14.b. Amount of payment</p>  |

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|---|----------------|
| Name of Person Filing Michael Shoemaker | File Number U- |
|---|----------------|

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

|  |  |
|--|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Local 26 IBEW-NECA Joint Trust Fund</p> <p>Trade Name, if any: Apprenticeship and Training Comm.</p> <p>P.O. Box, Bldg., Room No., if any #300</p> <p>Street 4601 Presidents Drive</p> <p>City Lanham</p> <p>State Maryland ZIP Code + 4 20706-4365</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>   |
| <p>10. If 9.b. or 9.c. is checked give trust or employee's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>   | <p>11.a. Nature of such dealing.</p> <p>Local 26, which is a sponsor of this Fund, negotiates contributions to the Trust.</p>  |
|  | <p>11.b. Approximate dollar value of such dealing. \$3,700,000</p>   |
|  | <p>12.a. Nature of interest held or income received.</p> <p>International Foundation of Employee Benefit Plans Educational Conference and Hotel deposit.<br/>(Same Educational Conference and expenditure as on page 2)</p> <p>12.b. Amount. \$1,265</p> |

## Part B Continuation Page

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|  |  |
|--|--|
| <b>8. Name and address of Business (including trade name, if any).</b><br><br>Name Local 26 IBEW-NECA Joint Trust Fund<br><br>Trade Name, if any: Individual Account Plan<br><br>P.O. Box, Bldg., Room No., if any #300<br><br>Street 4601 Presidents Drive<br><br>City Lanham<br><br>State Maryland ZIP Code + 4 20706-4365 | <b>9. Business deals with:</b><br><br><input checked="" type="checkbox"/> a. Labor Organization<br><br>b. Trust<br><br>c. Employer                                   |
| <b>10. If 9.b. or 9.c. is checked give trust or employee's name.</b><br><br>Name<br><br>Trade Name, if any:<br><br>P.O. Box, Bldg., Room No., if any<br><br>Street<br><br>City<br><br>State ZIP Code + 4   | <b>11.a. Nature of such dealing.</b><br><br>Local 26, which is a sponsor of the Fund negotiates contributions to the Trust.  |
|  | <b>11.b. Approximate dollar value of such dealing.</b> \$24,600,000  |
|  | <b>12.a. Nature of interest held or income received.</b><br><br>International Foundation of Employee Benefit Plans membership dues.<br><br><b>12.b. Amount.</b> \$86 |

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|---|----------------|
| Name of Person Filing Michael Shoemaker | File Number U- |
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**Part B Continuation Page**

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|  |   |
|--|---|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Local 26 IBEW-NECA Joint Trust Fund</p> <p>Trade Name, if any: Apprenticeship and Training Comm.</p> <p>P.O. Box, Bldg., Room No., if any #300</p> <p>Street 4601 Presidents Drive</p> <p>City Lanham</p> <p>State Maryland ZIP Code + 4 20706-4365</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>  |
| <p>10. If 9.b. or 9.c. is checked give trust or employee's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>   | <p>11.a. Nature of such dealing.</p> <p>Local 26, which is a sponsor of the Fund, negotiates contributions to the Trust.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$3,700,000</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>International Foundation of Employee Benefit Plans membership dues.<br/>(Same membership dues as on page 4)</p> <hr/> <p>12.b. Amount. \$86</p> |

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**Part B Continuation Page**

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|  |  |
|--|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Joint Apprenticeship and Training Comm.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 6200 Kansas Ave.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20011-1508</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>   | <p>11.a. Nature of such dealing.</p> <p>Provides education and training to Electrical Apprentices, and Wireman.</p>                |
|  | <p>11.b. Approximate dollar value of such dealing. \$3,700,000</p>   |
|  | <p>12.a. Nature of interest had or income received.</p> <p>Holiday Dinner</p> <p>12.b. Amount. \$130</p>                           |